

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number</td> <td>10/520,798</td> </tr> <tr> <td>Filing Date</td> <td>January 10, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Lin Xiang Sun</td> </tr> <tr> <td>Art Unit</td> <td>2834</td> </tr> <tr> <td>Examiner Name</td> <td>Erik D. Preston</td> </tr> <tr> <td>Attorney Docket Number</td> <td>0299568-0420-PCT-US</td> </tr> </table>	Application Number	10/520,798	Filing Date	January 10, 2005	First Named Inventor	Lin Xiang Sun	Art Unit	2834	Examiner Name	Erik D. Preston	Attorney Docket Number	0299568-0420-PCT-US
Application Number	10/520,798												
Filing Date	January 10, 2005												
First Named Inventor	Lin Xiang Sun												
Art Unit	2834												
Examiner Name	Erik D. Preston												
Attorney Docket Number	0299568-0420-PCT-US												
Total Number of Pages in This Submission	2												

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Communication regarding Restriction Requirement
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	SCHNADER, HARRISON, SEGAL, & LEWIS, LLP	
Signature		
Printed Name	JOAN T. KLUGER	
Date	June 6, 2008	Reg. No. 38,940

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being filed via EFS to the USPTO on the date shown below.		
Signature		
Typed or printed name	Terri Reginelli	Date June 6, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to be 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.